

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>10648718</i>	FILING DATE
						APPLICANT(S)	
						CLAIMS	
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	/						51
2		/					52
3			/				53
4				/			54
5		/					55
6		/					56
7		/					57
8		/					58
9		/					59
10		/					60
11		/					61
12		/					62
13		/					63
14		/					64
15		/					65
16		/					66
17		/					67
18		/					68
19		/					69
20							70
21							71
22							72
23							73
24							74
25							75
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27							77
28							78
29							79
30							80
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32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.							TOTAL IND.
TOTAL DEP.							TOTAL DEP.
TOTAL CLAIMS							TOTAL CLAIMS